

238681

CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

DATE: 8-27-2012

I have the following Certificate:

☒ Class C Taxi # _____ ☐ Class C Charter # _____ ☐ Class C Charter Bus # COPY☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ Name Change

Posted: 8/29/12
Dept: S.A. JORS
Date: 8/29/12
Time: 10:55

From: _____ DBA: _____
(Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
(New Name) (New DBA if applicable)

☐ Scope of Authority

From: _____ To: _____
(Current Scope) (New Scope)

☒ Passenger Limit

From: 1 To: 14
(Current Limit Number) (New Limit Number)

AMERICAN PRIDE CAB CO
Name & DBA if DBA is applicable)

11 PEARSON CIRCLE
(Street and/or Mailing Address)

IRMO SC 29063
(City, State, Zip Code)

V. BEOMBORG
(Signature)

803 206 0486
(Telephone Number)

OWNER
(Title) Owner, President, etc.